

STATE OF UTAH
DIVISION OF OCCUPATIONAL AND PROFESSIONAL
LICENSING
APPLICATION FOR LICENSURE

MASTER THERAPEUTIC RECREATIONAL
SPECIALIST
THERAPEUTIC RECREATIONAL SPECIALIST
THERAPEUTIC RECREATIONAL TECHNICIAN

DOPL-AP-033 REV 07/03/01

APPLICATION INSTRUCTIONS AND INFORMATION

General Statement: The Division desires to provide courteous and timely service to all applicants for licensure. To maximize its efficiency and level of service, the Division will process complete applications only. **A complete application includes all applicable supporting documents and fees.** The fees are for processing your application and will not be refunded. Failure to complete the application and supply necessary information may result in denial of licensure. Please read all instructions carefully.

Address of Record: The address listed on the application will be your address of record. All correspondence from the Division will be sent to that address. It is your responsibility to directly notify the Division of any change in address. Also, please note, the address of record is public information, available upon request and via the internet. You may choose to use a business address or a P.O. Box for your address of record rather than your home address.

Social Security Number: Your social security number is classified as a private record pursuant to Title 63, Chapter 2, Utah Government Records Access and Management Act (GRAMA). It is used as an individual identifier for our licensing database and for purposes of the child support enforcement pursuant to Subsection 78-32-17(3) and is mandatory pursuant to Subsection 58-1-301(1), Utah Code Ann., which implements the requirements of 42 U.S.C. 666(a)(13). An application that does not include a social security number is incomplete and cannot be processed.

Supporting Documents and Fees:

1. If you are applying for licensure as a TRT, submit the following:

- ☐ The letter from Experior documenting your passing score on the Utah TRT Examination.
- ☐ "Completion of the TRT Education and Training Program" form.

- ❑ The letter from Experior documenting your passing score on the Utah Recreational Therapy Law and Rules Examination.
 - ❑ The \$60.00 non-refundable application processing fee.
2. **If you are applying for licensure as a TRS, submit the following:**
- ❑ A copy of your National Council for Therapeutic Recreation Certification; or "Affidavit of Supervision" form, if applying for temporary license.
 - ❑ The letter from Experior documenting your passing score on the Utah Recreational Therapy Law and Rules Examination.
 - ❑ The \$60.00 non-refundable application processing fee or the \$110.00 non-refundable application processing fee for a for temporary TRS license.
3. **If you are applying for licensure as a MTRS, submit the following:**
- ❑ A copy of your transcript documenting completion of an approved masters degree.
 - ❑ A copy of your National Council for Therapeutic Recreation Certification, unless you have been licensed in Utah as a TRS for at least two years.
 - ❑ The letter from Experior documenting your passing score on the Utah Recreational Therapy Law and Rules Examination.
 - ❑ The \$60.00 non-refundable application processing fee.

Additional Important Information:

1. **Law and Rules Exam:** Applicants for licensure must pass the Utah Recreational Therapy Law and Rules Examination. Contact Experior at the address and telephone number below to register for the examination.

Experior, 5486 South 1900 West, Suite C, Taylorsville, Utah 84118, (801) 355-5009

You may also purchase a study guide from Experior, which has been prepared to assist candidates taking the law and rule exam.

In addition, the following applicable laws and rules are available on the Internet at www.dopl.utah.gov

- ❑ Division of Occupational & Professional Licensing Act

- ❑ General Rules of the Division of Occupational & Professional Licensing
 - ❑ Recreational Therapy Practice Act
 - ❑ Recreational Therapy Practice Act Rules
2. **Professional Examination for TRT:** To register to take the qualifying examination for licensure as a TRT, call Experior at (801) 355-5009.
 3. **National Council for Therapeutic Recreation Certification (NCTRC):** To request information for national certification including registering to take the national certification examination call (914) 639-1439.
 4. **License Renewal:** All licenses expire on May 31 of each odd numbered year. Licensees are responsible to keep their address current with the Division.
 5. **Temporary License:** Temporary licenses are issued only for the TRS applicant who is registered to take the NCTRC examination. If you are issued a temporary license you must work under the supervision of a licensed TRS or MTRS. Upon receiving your NCTRC, it is your responsibility to submit a copy of the NCTRC to the Division. Upon receipt of your NCTRC, the Division will issue your license as a TRS.

Make Licensure Fees Payable To:

DOPL

Mail Complete Application To:

By U.S. Mail

Division of Occupational & Professional Licensing
P.O. Box 146741
Salt Lake City, Utah 84114-6741

By Delivery or Express Mail

Division of Occupational & Professional Licensing
160 East 300 South, 1st Floor Lobby
Salt Lake City, Utah 84111

Telephone Numbers:

Direct Dial: (801) 530-6403

Utah Toll Free: (866) ASK-DOPL
(866) 275-3675

Fax Number: (801) 530-6511

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APPLICATION FOR LICENSE or CERTIFICATE or REGISTRATION

GENERAL INFORMATION

License/Certificate/Registration Applying For: _____

Social Security Number: _____

Last Name: _____ Maiden Name: _____

First Name: _____ Middle Name: _____

Have You Ever Held A Utah License Before? Yes _____ No _____

If Yes, Name of Profession: _____

If Yes, License Number: _____

Gender (Male or Female): _____ Date of Birth: _____

PUBLIC MAILING ADDRESS

Street: _____

City: _____ State: _____ Zip: _____

County: _____

Telephone: _____

DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY

License/Certificate Number: _____

Date License/Certificate Approved: _____

Approved By: _____

Date License/Certificate Denied: _____

Denied By: _____

Reason For Denial/Other Comments: _____

APPLICATION FOR:

_____ TRT

_____ TRS

_____ Temporary TRS

_____ MTRS

IF YOU ARE APPLYING FOR LICENSURE AS AN MTRS:

Answer "Yes" or "No"

_____ I have an earned master's degree in recreational therapy.

_____ I have an earned master's degree with emphasis in recreational therapy.

_____ I have two years of full time paid experience in recreational therapy as a licensed TRS.

_____ I have two years of full time paid experience in recreational therapy in another state while certified by NCTRC.

_____ I have attached a copy of my transcript documenting my masters degree.

IF YOU ARE APPLYING FOR LICENSURE AS AN MTRS, LIST COURSE WORK COMPLETED:

Provide the course names and numbers documenting a minimum of 9 semester hours or 12 quarter hours of upper division or graduate level course work in **recreational therapy** completed as part of your master's degree program.

Course Name and Number _____

Course Name and Number _____

Course Name and Number _____

Course Name and Number _____

Course Name and Number _____

IF YOU ARE APPLYING FOR LICENSURE AS AN MTRS, DOCUMENT AT LEAST TWO YEARS OF PROFESSIONAL EXPERIENCE WHILE LICENSED AS A TRS OR CERTIFIED BY NCTRC: (Use additional sheets if necessary):

List most recent position first.

1. Position: _____
Organization: _____
Address: _____
Telephone Number: _____
Inclusive Dates of Experience: From _____ To _____
Hours Worked Each Week: _____ Total Hours Worked: _____
Primary Responsibilities and Activities: _____

2. Position: _____
Organization: _____
Address: _____
Telephone Number: _____
Inclusive Dates of Experience: From _____ To _____
Hours Worked Each Week: _____ Total Hours Worked: _____
Primary Responsibilities and Activities: _____

3. Position: _____
- Organization: _____
- Address: _____
- Telephone Number: _____
- Inclusive Dates of Experience: From _____ To _____
- Hours Worked Each Week: _____ Total Hours Worked: _____
- Primary Responsibilities and Activities: _____
- _____
- _____
- _____
- _____

IF YOU ARE APPLYING FOR LICENSURE AS A TRS:

Answer "Yes" or "No"

_____ I have attached a copy of my National Council for Therapeutic Recreation Certification.

_____ I have applied for National Council for Therapeutic Recreation Certification and have been approved to take the next scheduled certification examination.

IF YOU ARE APPLYING FOR LICENSURE AS A TRT:

Answer "Yes" or "No"

_____ I have attached the "Completion of the TRT Education and Training Program" form documenting 200 hours of education and training under the supervision or direction of an MTRS.

RECREATIONAL THERAPIST QUALIFYING QUESTIONNAIRE

Answer "yes" or "no" for each question. Do not leave any question blank.

1. ____ Have you ever applied for or received a license, certificate, permit, or registration to practice in a regulated profession under any name other than the name listed on this application?
2. ____ Have you ever been denied the right to sit for a licensure examination?
3. ____ Have you ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
4. ____ Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending against you by any professional licensing agency or criminal or administrative jurisdiction?
5. ____ Are you currently under investigation or is any disciplinary action pending against you now by any professional licensing agency?
6. ____ Have you ever had hospital or other health care facility privileges denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
7. ____ Have you ever been permitted to resign or surrender hospital or other health care facility privileges while under investigation or while action was pending against you by any health care profession licensing agency, hospital, or other health care facility or criminal or administrative jurisdiction?
8. ____ Is any action related to your conduct or patient care pending against you now at any hospital or health care facility?
9. ____ Have you ever had rights to participate in Medicaid, Medicare, or any other state or federal health care payment reimbursement program denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
10. ____ Have you ever been permitted to resign from Medicaid, Medicare, or any other state or federal health care payment reimbursement program while under investigation or while action was pending against you by any health care profession licensing agency, hospital, or other health care facility or criminal or administrative jurisdiction?
11. ____ Is any action pending against you now by Medicaid, Medicare, or any other state or

federal health care payment reimbursement program?

12. _____ Have you been named as a defendant in a malpractice suit?
13. _____ If you are licensed in the health care profession for which you are applying, would you pose a direct threat to yourself, to your patients or clients, or to the public health, safety, or welfare because of any circumstance or condition?
14. _____ Are you currently using or have you recently (within 90 days) used any drugs (including recreational drugs) without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law?
15. _____ Have you ever used any drugs without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law, for which you have not successfully completed or are not now participating in a supervised drug rehabilitation program, or for which you have not otherwise been successfully rehabilitated?
16. _____ Have you been arrested for or charged with a misdemeanor or felony charge in any jurisdiction during the last 10 years? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.
17. _____ Have you ever pled guilty to, no contest to, or been convicted of any felony or misdemeanor in any jurisdiction?
18. _____ Have you ever been involved as the abuser in any incident of verbal, physical, mental, or sexual abuse?
19. _____ Have you ever been terminated from a position because of drug use or abuse?
20. _____ Have you ever been incarcerated for any reason in any Federal, State or County Correctional Facility?

If you answered "yes" to any of the above questions, please enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.

A "yes" answer does not necessarily mean that you will not be granted a license; however, additional documentation may be requested by the Division if the information submitted is insufficient.

AFFIDAVIT and RELEASE AUTHORIZATION

I am the applicant described and identified in this application for licensure, certification, or registration in the State of Utah.

I am qualified in all respects for the license, certificate, or registration for which I am applying in this application.

To the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, misrepresentation, or omission of material fact.

To the best of my knowledge, the information contained in the application and its supporting document(s) is truthful, correct, and complete; and, discloses all material facts regarding the applicant and associated individuals necessary to properly evaluate the applicant's qualifications for licensure.

I will ensure that any information subsequently submitted to the Division in conjunction with this application or its supporting documents meets the same standard as set forth above.

I understand that it is unlawful and punishable as a class A misdemeanor to apply for or obtain a license or to otherwise deal with the Division or a licensing board through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement, or omission.

I understand that this application will be classified as a public record and will be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

I authorize all persons, institutions, organizations, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.

Signature of Applicant: _____

Date of Signature: _____

Printed Name of Applicant: _____

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Division of Occupational and Professional Licensing
160 east 300 South, P.O. Box 146741
Salt Lake City, Utah 84114-6741

COMPLETION OF THE TRT EDUCATION AND TRAINING PROGRAM

TO BE COMPLETED BY THE APPLICANT:

Applicant Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____

TO BE COMPLETED BY THE MTRS SUPERVISOR:

Supervisor Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

License Number of MTRS Supervisor: _____

I attest that the above applicant has successfully completed 200 hours of education and training in therapeutic recreation under my supervision or direction and as set forth in Section R156-40-102(3) of the Recreational Therapy Practice Act Rules which includes a minimum of 10 hours of face to face consultation.

Signature of MTRS Supervisor: _____ Date: _____

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AFFIDAVIT OF SUPERVISOR

TO THE TRS OR MTRS SUPERVISOR: Complete this form and return it to the applicant for submission with his/her application for TRS temporary license. Do not begin supervision until the applicant has been approved for a temporary license.

Name of Applicant to be Supervised: _____

Name of Employing Facility: _____

Address/Telephone Number of Facility: _____

Name of TRS or MTRS Supervisor: _____

License Number of TRS or MTRS Supervisor: _____

Telephone Number of Supervisor: _____

As the TRS or MTRS supervisor, I attest to the following:

1. I have read the Recreational Therapy Practice Act and Rules and understand my responsibilities as a supervisor.
2. I have verified that the applicant has met all the requirements for licensure except passing the NCTRC Examination.
3. I have verified that the applicant has been approved to sit for the NCTRC Examination.
4. I will ensure that the applicant, when approved for temporary license, works under my supervision as defined in R156-40-102(7).
5. I understand that it is unlawful to permit the applicant to continue to engage in recreational therapy services under my supervision on an expired temporary license.
6. I understand that I am responsible for the recreational therapy services performed by the temporary TRS and I will approve the treatment plans as well as any modifications to the treatment plans.

Signature/Date of Supervisor: _____